



State Of California
California Commission On Teacher Credentialing
Box 944270
1900 Capitol Avenue
Sacramento, CA 94244-2700

Telephone:
(916) 445-7254 or (888) 921-2682
E-mail: credentials@ctc.ca.gov
Web site: www.ctc.ca.gov

REQUEST FOR DUPLICATE OR REPLACEMENT DOCUMENT

(Complete Both Sides)

REQUEST FOR DUPLICATE DOCUMENT

To obtain a duplicate copy of a valid credential, certificate, or permit which has been lost or destroyed, you must submit **all** of the following:

- A completed Request for Duplicate or Replacement form, (below and on reverse) for each credential, certificate or permit which you wish to have issued
- Twenty-seven dollars and fifty cents (\$27.50) (fees are subject to change) for each credential, certificate, or permit which you wish to have reissued in your new name
- Sign the certification in this section

This is to certify that I, (full name) _____,
have made a thorough search for my credential/certificate/permit _____

(exact title of document)

and have ascertained that it has been lost or destroyed. I hereby request the issuance of a duplicate document and I am enclosing the required fee.

Signature _____ Date _____

REQUEST FOR REPLACEMENT DOCUMENT

To obtain a replacement copy of a valid credential, certificate, or permit within one year of the date the document was mailed, you must submit the following:

- Signed verification that the document was not received, (below and on reverse) for each credential, certificate or permit you wish to have issued.

This is to certify that I (full name) _____, never received
my credential/certificate/permit _____

(exact title of document)

I applied by submitting my application

☐ directly to the Commission or through a school district or county office of education, or

☐ through (name of college or university) _____

I hereby request the issuance of a replacement document.

Signature _____ Date _____

If your application was submitted through a recommending institution, please ask the credentials office at the institution to complete the following statement:

We received / did not receive the _____ which was recommended by this institution on _____
Type of Credential Date

We mailed the credential to the applicant on _____

We did not mail the credential because _____

Signature of officer authorized to recommend _____

Title _____ Date _____

Name of Institution _____

Reference: California Education Code, Section 44352 and 44353

(continued)

REQUEST FOR DUPLICATE OR REPLACEMENT DOCUMENT

(Complete both sides)

Mail to: STATE OF CALIFORNIA
CALIFORNIA COMMISSION ON TEACHER
CREDENTIALING
BOX 944270 (1900 Capitol Avenue)
SACRAMENTO, CALIFORNIA 94244-2700

Route To: _____

Commission Use Only: Fee Information

APP	FP
EXAM	OTHER

Fee Stamp

Issuance Date: _____

1. PERSONAL INFORMATION (Type or print)

Social Security Number: - -

Date of Birth - -
Month Day Year

Applicant's Full Legal Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Mailing Address

City State ZIP Code

All Former/Maiden Name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Home Phone () _____ Work Phone () _____ County of Employment _____

E-Mail Address: _____

Commission Use Only

Do not write below this line

☐ Mail PGM ☐ Mail To _____

FPRT date of first FPCO still in MI _____

CO Initials _____ Date _____

☐ Reject Mailed

☐ FPCO Mailed

FP Reject:

DOJ/FBI Initials _____ Date _____

DOJ/FBI _____

DOJ/FBI _____

Bar Coded Label